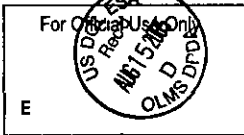


*As Amended*

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>3492</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / 2004 Through <u>12</u> / <u>31</u> / 2004
3 Name and address of person filing Name <u>ANTHONY</u> <u>J</u> <u>INORIO</u>  P O Box Bldg Room No if any <u>P O</u> <u>BOX 120680</u>  Street <u>3 BAER CIRCLE</u>  City <u>EAST HAVEN</u>  State <u>Connecticut</u> ZIP Code + 4 <u>06512</u>	4 Name file number and address of labor organization Name <u>LABORERS AFL CIO LU 455</u>  Labor Organization File Number <u>066-744</u>  P O Box Building and Room Number if any <u>P O</u> <u>BOX 120680</u>  Street <u>3 BAER CIRCLE</u>  City <u>EAST HAVEN</u>  State <u>Connecticut</u> ZIP Code + 4 <u>06512</u>
5 Position in labor organization <u>BUSINESS MANAGER / SECRETARY</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transaction (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income _____ _____ _____ 7 b Amount _____ _____ _____

### Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)	
Signed <u>[Signature]</u>	On <u>8/5/05</u> <u>208467-5500</u> Date Telephone Number

*As Amended*

As Amended

Name of Person Filing ANTHONY INORIO	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8 Name and address of Business (including trade name if any)</b> Name N/A Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	<b>9 Business deals with</b> <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name CONNECTICUT LABORERS PENSION FUND Trade Name if any P O Box Bldg Room No if any Street 435 CAPTAIN THOMAS BLVD City WEST HAVEN State Connecticut ZIP Code + 4 06516	<b>11 a Nature of such dealing</b> EDUCATIONAL CONFERENCE REIMBURSEMENT TRUSTEE TRAINING <b>11 b Approximate dollar value of such dealing</b> \$2 189 <b>12 a Nature of interest held or income received</b> <b>12 b Amount</b>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b> Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	<b>14 a Nature of payment</b> <b>14 b Amount of payment</b>
<b>13 b Is the Business an Employer or Consultant ?</b>	

As Amended

Name of Person Filing ANTHONY INORIO	File Number U
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Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8 Name and address of Business (including trade name if any)</b>  Name _____  Trade Name if any _____  P O Box Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>9 Business deals with</b>  <input type="checkbox"/> a Labor Organization  <input type="checkbox"/> b Trust  <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b>  Name CT LABORERS ANNUITY FUND  Trade Name if any _____  P O Box Bldg Room No if any _____  Street 435 CAPTAIN THOMAS BLVD  City WEST HAVEN  State Connecticut ZIP Code + 4 06516	<b>11 a Nature of such dealing</b> EDUCATIONAL CONFERENCE REIMBURSEMENT TRUSTEE TRAINING  <b>11 b Approximate dollar value of such dealing</b> \$1 235  <b>12 a Nature of interest held or income received</b>          <b>12 b Amount</b>

As Amended

## TRUSTEE EXPENSE VOUCHER

CT Laborers Pension Fund

(Name of Trust Fund(s))

THIS VOUCHER IS FOR

☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT \_\_\_\_\_ ON \_\_\_\_\_  
 (Location) (Date(s))

☒ EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT Dorado Beach, Puerto Rico  
 (Location)

 ON 4-23/4-28 SPONSORED BY Segal Advisors  
 (Session Date(s)) (Meeting Sponsor)

☐ OTHER \_\_\_\_\_  
 (Describe Reason for incurring Expenses)

## TRANSPORTATION

DATE OF DEPARTURE 4-24-04 DATE OF RETURN 4-29-04
☐ PRIVATE AUTOMOBILE \_\_\_\_\_ MILES AT \_\_\_\_\_ @ PFR MILE

☒ AIRFARE ☐ TRAIN ☐ BUS (ATTACH COPY OF TICKET)

☐ RENTACAR AT MEETING LOCATION (ATTACH COPY OF BILL)

## HOTEL OR MOTEL

☒ HOTEL OR MOTEL EXPENSE (ATTACH COPY OF BILL)

## MEETING REGISTRATION FEE

☐ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT)

## DAILY EXPENSES

☒ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER)

## TOTAL EXPENSES

## SETTLEMENT

TOTAL EXPENSES WHICH I INCURRED

LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY)

## EQUALS

☐ REFUND WHICH I OWE TO TRUST FUND MY CHECK IS ATTACHED

OR

☒ AMOUNT OWING ME BY TRUST FUND I REQUEST REIMBURSEMENT

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE

DATED THIS 6 DAY OF MAY 2004

(Signature of Trustee)

3890R Circle East Haven, CT 06512  
(Address and City)

NOTE TO TRUSTEE: This voucher is for expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees or any other costs have been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example: If the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the trust fund.) Meals should not be listed if they are otherwise included with transportation or included on hotel or motel bills. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation which may have been adopted by the Board of Trustees.

SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED)

Clark the BakerMM

# TRUSTEE EXPENSE VOUCHER

CT Laborers' Annuity Fund

(Name of Trust Fund(s))

THIS VOUCHER IS FOR

☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT \_\_\_\_\_ ON \_\_\_\_\_  
(Location) (Date(s))

☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT Orlando Florida  
(Location)

ON 2/13/05 SPONSORED BY International Foundation  
(Session Date(s)) (Meeting Sponsor)

☐ OTHER \_\_\_\_\_  
(Describe Reason for Incurring Expenses)

## TRANSPORTATION

DATE OF DEPARTURE 2/13/05 DATE OF RETURN 2/17/05

☐ PRIVATE AUTOMOBILE \_\_\_\_\_ MILES AT \_\_\_\_\_ PER MILE \$ \_\_\_\_\_

☒ AIRFARE ☐ TRAIN ☐ BUS (ATTACH COPY OF TICKET) \$ 185.29

☒ RENTACAR AT MEETING LOCATION (ATTACH COPY OF BILL) \$ 151.68

HOTEL OR MOTEL 644.60

☒ HOTEL OR MOTEL EXPENSE (ATTACH COPY OF BILL) \$ \_\_\_\_\_

MEETING REGISTRATION FEE 1235.00

☐ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT) check sent from fund - Pd in 2004 \$ \_\_\_\_\_

DAILY EXPENSES 462.57

☐ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER) \$ \_\_\_\_\_

TOTAL EXPENSES \$ 2679.14

## SETTLEMENT

TOTAL EXPENSES WHICH I INCURRED \$ 1444.14

LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY) \$ 1150.00

EQUALS

☐ REFUND WHICH I OWE TO TRUST FUND MY CHECK IS ATTACHED \$ \_\_\_\_\_

OR

☒ AMOUNT OWING ME BY TRUST FUND I REQUEST REIMBURSEMENT \$ 294.14

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE

DATED THIS 28 DAY OF Feb 2005

[Signature]  
(Signature of Trustee)

3 Baer Circle East Haven CT  
(Address and City)

NOTE TO TRUSTEE This voucher is for expenses personally incurred by you as Trustee. If transportation charges, hotel deposits, registration fees or any other item has been paid for by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If the person is included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example, if the hotel or motel bill is for a double room but only one person is occupying it, you should indicate the difference between the double room and a single room and indicate on the bill the balance being charged to the Trust Fund.) Meals should be listed with your receipt. Included with the transportation included on hotel or motel bills is the per diem. Please explain on the back of the voucher with a separate sheet of paper the details of the expenses claimed on this voucher. This voucher is subject to any expense policy or limitation which may have been adopted by the Board of Trustees.

SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED)